

Allocations Committee



Stephen O'Dell, Chair

Wednesday, March 5, 2008
4:00 pm to 6:00 pm
Public Health
4041 North Central Avenue, Phoenix
15th Floor, Joshua Room

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Meeting Minutes

Attendance

Committee Members *AT: Attended AB: Absent EX: Excused ALT: Alternate Present*

| | | | | | | | |
|----|---------------|----|---|----|----------------|----|------------------|
| AT | Bradley Allen | AT | Debby Elliott <i>alt: Philip Seeger</i> | AT | Larry Stähli | EX | Maclovía Morales |
| EX | Mark Kezios | EX | Mary Rose Wilcox <i>alt: Terri Leija</i> | EX | Randall Furrow | AT | Stephen O'Dell |

Guests

Eric Moore

Administrative Agent Staff

| | | | |
|--------------|-----------------|----------------|-------------|
| Kevin McNeal | Victoria Jaquez | Dyle Sanderson | Jen Hawkins |
|--------------|-----------------|----------------|-------------|

Support Staff: John Saperó

Welcome, introductions and declarations of any conflicts-of-interest

Stephen O'Dell called the meeting to order and welcomed the attendees. Everyone introduced him/her self and declared any conflicts-of-interest.

Determination of quorum

Stephen O'Dell determined that quorum was not established, with three of eight members present at 4:25 pm.

Review of minutes and action items

Stephen O'Dell noted that page 2, first bullet point, had a typographical error. No other corrections were voiced.

Stephen reviewed the action items that were assigned and provided a short overview of the meeting.

Administrative Agent update

Kevin McNeal provided a utilization report and discussed:

- For the month ending of January, there is a negative 4.43% variance. 100% of providers submitted billings on time. 98% of the formula has been spent, and the AA expects to be within the 2% unobligated balance limit imposed by HRSA.
- The Administrative Agent recommends reallocating \$50,000 from Medical Case Management to Supportive Case Management. This will need to be approved by the committee and the full Planning Council, as these funds are being transferred from core services to supportive services.
- Based on utilization, the AA is recommending changing the allocations determined at last year's PSRA determination session, as follows:
 - Decrease Medical Case Management by \$230,000
 - Increase Supportive Case Management by \$50,000
 - Increase Oral Health Services by \$200,000
 - Increase Mental Health Services by \$50,000
 - Decrease Substance Abuse Services by \$50,000
 - Increase Outreach by \$30,000
 - Decrease Emergency Client Assistance by \$30,000
 - Decrease Home Care by \$20,000

There was general discussion regarding why changes in utilization necessitated these recommendations. Kevin McNeal related that the anecdotal feedback he has received from substance abuse providers is that there is some challenge determining how to bill clients accessing mental health and substance abuse services - most likely, these clients are being billed as mental health clients.

Stephen O'Dell asked how the EMAs grant award compared to other EMAs/TGAs. Kevin replied that he did not have this information yet. There are several factors that contributed to the increase; better programs, better Planning Council activities, and better data from a variety of entities.

The documents described above are available from Planning Council Support.

Reallocations

This discussion was tabled, due to a lack of quorum.

Cautionary planning for GY 2008

Stephen O'Dell discussed that the committee had been discussing developing guiding principles for PSRA decision-making, and referred to the January, 2008 Allocations Committee discussion regarding this issue. He also presented sample guidelines and tools provided by Cheri Thomlinson and Bernard Warren.

Debby Elliott related that it was extremely important for the Planning Council to have a guiding process established before the PSRA session for this year. It was also important for the full Council to be involved in the development process. Debby felt that the annual Retreat would be a good time to accomplish this. There was agreement among the meeting participants regarding using the Retreat to establish these guidelines.

MEETING MINUTES *continued*

Discussion continued regarding various methods for the Council to determine and implement guiding principles, and how the various suggestions might help or hinder the decision-making process.

Bradley Allen discussed that a mock-PSRA session might help to show what might occur in a drastic decrease scenario. Debby Elliott related that this had already occurred at the last PSRA session during funding discussions, which is why guiding principles were being developed. Stephen O'Dell added that the mock session would be better used to test any guiding principles. Debby Elliott proposed having this exercise occur at the annual retreat.

There was discussion regarding how this mock session might occur. Proposals included having conducting the mock session at the committee level first as a test.

Eric Moore discussed that he had been involved in a mock session in another EMA, and it was a very challenging, emotional activity.

Debby Elliott discussed that the initial draft of the proposed guiding principles could be consolidated somewhat. Eric Moore agreed, and discussed that there were several possible ways for drastic funding decisions to be guided.

There was general discussion regarding possible ways to keep a full continuum of care with limited funding.

Stephen O'Dell asked for input regarding how to present a mock session to test the guiding principles. Kevin McNeal suggested that no dollar values should be discussed; rather, the continuum of care and how service delivery might be impacted should be addressed. Estimates of client counts could then be determined based on the outcome of the discussion, and after there was consensus, dollar valued could be provided. Debby Elliot supported this idea. Eric Moore discussed that historically, the Council has funded core services at about 78%; he suggested that the Council should commit that if there was flat funding, that 78% percent remains. If there was a decrease, the percentage of core services increases in relation to the amount of decreased funding.

Debby Elliott discussed that she felt that determining realistic client utilization was very beneficial and supported using this process to determine care needs.

John Saperro questioned the need to present a mock session. Stephen O'Dell discussed that this might be a way to teach new members about the PSRA process.

The discussion then focused on how and when to "test" the guiding principles. The committee discussed that the annual retreat would be a great venue, as most Council members would be in attendance.

Discussion turned to how the present the PSRA data sessions. John Saperro related that the format of the data sessions should be revised, as another review of needs assessment information may not be needed - there had not been much change in this data other than utilization data. The data sessions may be a great venue to utilize the guiding principles that are being developed to establish the desired continuum of care, reach consensus on directives, determine what barriers to care to address, and determine the final client numbers. Once this continuum was established, the resource allocation might be a much less time-intensive process.

Stephen O'Dell referred to the Eliminating Barriers in 2008 document, and discussed that information in this document should be addressed as part of the process. Eric Moore discussed that in the Primary Medical Care section, there is discussion about raising the FPL guidelines from 300% to 400%. If this occurred, there would be a group of clients who qualified for medical care but not for the ADAP

MEETING MINUTES *continued*

program. Also, under Medical Case Management, the lack of bi-lingual staff is listed, but this is not true. Also, the Out of Care percentage needs to be updated. Additionally, a barrier to eliminate might be to streamline the eligibility process among all Ryan White Parts.

Debby Elliott discussed that eligibility issues mean people fall out of medical care.

Kevin McNeal discussed that the current eligibility renewal (every 6-months) was developed by a workgroup of providers and Jane DuFrane, the former Administrative Agent. Debby Elliott related that, historically, the renewal process was changed to mirror AHCCCS renewal policies - but AHCCCS has reverted to a yearly renewal.

There was a general consensus that this issue should be explored further and addressed in some way.

Debbie Elliott discussed that the Eliminating Barriers to Care document needed to be updated. John Sapero related that progress has been made since this initial document was created. Debby Elliott volunteered to edit the document, and everyone agreed to review the document by the next meeting.

Policies and Procedures review

This item was tabled until the next meeting due to time constraints.

Determination of agenda items for the next meeting

In addition to recurring agenda items, the following agenda items were added:

Agenda Items

Cautionary planning/guiding principles development

Reallocations

Polices and Procedures review

Action Items to be completed by the next meeting:

| Task | Assigned To |
|---|---|
| Edit Eliminating Barriers to Care document | All by March 19th |
| Compile guiding principles from all sources | John Sapero |
| PCS and Allocations Chairs meet to determine logistics for next meeting | John Sapero, Bradley Allen, Stephen O'Dell, Mark Kezios |
| | |

Current Event Summaries

Debby Elliott discussed that the SavorLife dinner event is on March 15th. Also, Care Directions is training its third bilingual case manager.

MEETING MINUTES *continued*

Call to Public

Eric Moore discussed that Monday, March 10th is National Women's and Girls HIV Awareness day. There are a variety of events that are occurring.

Adjourn

The meeting adjourned at 5:47 pm.